

WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 1
December 2005

CHARTING AND DOCUMENTATION

SUBMITTED BY JAN CRAYK

We are in the midst of the holiday season and January 01, 2006 is fast approaching. First Steps (FS) state team members have met with First Steps providers in more than 25 counties during the last three months. These meetings included technical assistance visits with individual providers, charting and documentation trainings at Community Services Office (CSO) and First Steps provider meetings, and meetings in other Maternal and Child Health venues. We thank you for inviting us. We appreciate your input and patience through this process of change, and welcome the challenging questions and dialogue that compels quality improvements. We continue to schedule future trainings. If your county is interested in inviting FS state staff to discuss the new charting and documentation requirements, please contact your county lead or Jan Crayk at Janice.crayk@doh.wa.gov.

Did you know...

- The required forms apply to **new clients** you enroll after January 01, 2006. However, if using the new forms enhances the services delivered to a previously enrolled client, please don't hesitate to use them!
- You do not need to fill out the client visit record on visits where you are completing the screening tools.
- We do not expect the entire client visit record to be filled out at every visit. Documentation is expected only for those risk factors or issues that are discussed at that visit.
- Completing the required screening tools does not preclude you from completing in-depth standardized assessments when necessary. Think of the required screening tool as a compilation of a few questions about a lot of topics, and an assessment as a lot of questions about a focused topic.
- We value your input and suggestions and will be reviewing them for future consideration.










FIRST STEPS PROVIDER ADVISORY GROUP

SUBMITTED BY SIMONE JAVAHER

The Department of Health (DOH) has heard from several interested persons regarding the upcoming First Steps Provider Advisory Group. We are pleased to have this opportunity to collaborate with First Steps providers on issues such as policies, program administration, reimbursement rates, data reports, training, quality improvement ideas, etc. We anticipate the group will consist of 10-12 people and meet quarterly. Some meetings may be by teleconference. Our intent is to include participants from both the public and private sectors, from different locations, who represent different kinds and sizes of organizations. Over the next few weeks, the program managers and staff will review the list of volunteers. We will contact everyone directly to let you know whether or not you have been selected. Once again, thank you to those who have expressed an interest in this important work.



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INFANT CASE MANAGEMENT CHARTING & DOCUMENTATION

SUBMITTED BY MAUREEN (MO) LALLY

As First Steps providers, we know you are very busy incorporating the Maternity Support Services (MSS) documentation requirements into your existing system. Having attended several provider meetings around the state, we've heard your concerns and comments about the MSS implementation. Those discussions have helped to fine tune the new ICM forms.

The purpose of the documentation requirements is worth repeating:

- To ensure a quality program that is standardized across the State of Washington
- To implement a monitoring plan that can be delivered according to a uniform set of standards
- To lay the groundwork for systematically collecting data and begin the process of standardizing outcomes recorded in client charts

The ICM form [DSHS # 13-658] remains the same for documenting infant/parent eligibility. The five new ICM forms closely resemble the MSS forms in the type of form and the layout (check boxes). The ICM forms differ from the MSS forms in their length. They are shorter and there are fewer of them. The five forms are:

- a transitional questionnaire that mothers eligible for ICM who were seen during the MSS period complete.
- an ICM New Client Screening form for parents who did not receive MSS services.
- an ICM Plan for Care,
- an ICM Client Visit Record and
- an ICM Service Outcome and Discharge Summary

In the very near future, you'll be getting the ICM Documentation Requirements Packet that describes each form in detail. Once you receive the forms (*as attachments in both Word and adobe acrobat*), you'll have a month to make comments. Your suggestions will be considered and incorporated where feasible. The finished product will be sent to you. You will then have a three month time period to finally implement the required forms.

Thank you for your continued patience as we strive for an efficient charting system that accurately and completely documents MSS/ICM services.



TOBACCO CESSATION CHAMPION PROJECT 2006

SUBMITTED BY KATHI LLOYD



On November 23, 2005, the Department of Health (DOH) emailed an invitation to all First Steps Coordinators, regarding the upcoming opportunity for 10 First Steps agencies to participate in the third annual First Steps Cessation Champion Project. This project is again sponsored by the DOH tobacco program in collaboration with DOH Maternal and Infant Health Program and DSHS. Project staff reviewed the letters of interest and selected ten agencies as participants. The agencies were selected based upon the following criteria: strong commitment from agency leadership, expressed interest in coordinating with their community Tobacco Prevention and Control Contractor, high rates of tobacco use, relapse and/or exposure to second hand smoke among pregnant women and infants in their community.

Each selected agency will send two staff members (champions) to a retreat in Seattle on January 30-31, 2006. Attending staff can expect to increase their Motivational Interviewing (MI) skills, share how the FS Tobacco Cessation Performance Measure has been implemented, deepen their understanding of systems change, develop an agency action plan, learn ways to implement it in their agency, and build a team with other cessation champions and their assigned consultant. Staff can apply these enhanced skills in MI and systems change to tobacco cessation/reduction as well as many other First Steps agencies' priorities.

Each agency will receive continuing technical assistance via conference calls as well as two on-site follow-up visits from a contracted consultant. Through June, 2006, the consultant will review ongoing planning and implementation of the action plan created at the January retreat and offer training tailored to meet the needs of the agency. For further information, please contact project manager, **Kathi LLOYD at 360 236-3552.**



UPDATE FROM THE FIRST STEPS DATABASE

SUBMITTED BY LAURIE CAWTHON

The First Steps Database (FSDB) was developed as a program monitoring tool for First Steps and related programs for women and children. The FSDB produces statistical reports describing the use of prenatal services, maternal risk factors, and birth outcomes for Washington State residents. The FSDB has linked vital statistics data with Medicaid claims and eligibility history for each year of births since 1989.

Latest Reports from First Steps Database

Three new reports from FSDB are available on paper and will soon be available on the Research and Data Analysis website.

- **TAKE CHARGE Interim Evaluation** (*Report Number 9.72*) This report describes program objectives, fertility rates, client characteristics, service utilization, and client self-efficacy for the first three years of Washington's TAKE CHARGE program.
- **CSO Profiles: Birth and Unintended Pregnancy Statistics for Community Services Offices, 1991 to 2002** (*Report Number 9.77*) The CSO Profiles describes demographic and pregnancy-related indicators for each of the 57 CSOs in Washington State. Birth rates in 2001-02 ranged from 31.4 per 1000 in Belltown to 133.8 in Mattawa, compared to a statewide birth rate of 60.5 per 1000.
- **Obesity and Pregnancy** (*Fact Sheet Number 9.78*) In 2003, the Washington State birth certificate began collecting mother's height which makes calculation of Body Mass Index (BMI) possible. Overweight/obesity varies by race/ethnicity and Medicaid status. Overweight/obesity increases the risk of C-section significantly.

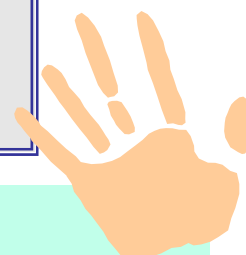
To obtain a hard copy of these and other FSDB reports, call (360) 902-0707 or email: ellswnm@dshs.wa.gov. Please include the name of the report and report number, your name and mailing address.

TO ACCESS REPORTS FROM THE FIRST STEPS DATABASE

First Steps Website: <http://fortress.wa.gov/dshs/maa/firststeps/>

First Steps Database Reports: <http://fortress.wa.gov/dshs/maa/firststeps/FSDB.htm>

Research and Data Analysis Reports: <http://www1.dshs.wa.gov/rda/research/default.shtm>



INFANT TODDLER EARLY INTERVENTION PROGRAM (ITEIP)

SUBMITTED BY KATHY BLODGETT,
SOCIAL AND HEALTH PROGRAM MANAGER AT ITEIP

You Can Help with the Infant Toddler Early Intervention Program (ITEIP) –

First Steps providers are in key positions to identify, at the earliest possible age, children with potential developmental delays. The ITEIP coordinates a statewide system of early intervention services and helps families access those services in Washington State. Services from ITEIP are available for all Washington State residents through a local Family Resources Coordinator (FRC) whether children are enrolled in a DSHS managed care plan or not. Referrals to an FRC for children under age three and their families are the key to accessing early intervention services. Additional information about the ITEIP and FRC services is available by calling 360-725-3500 or by checking the ITEIP website at <http://www1.dshs.wa.gov/iteip/>. A two page fact sheet on referral to the FRC is also available at <http://www1.dshs.wa.gov/pdf/publications/22-606.pdf>.

MORE NEWS

DSHS names new Health and Social Service payment computer system as "ProviderOne"

The new Medicaid Management Information System (MMIS) being developed by the Department of Health and Social Services will be called "ProviderOne" to reflect the agency's partnership with health care and social service providers.

The new computer system, required under federal Medicaid law, will replace a 25-year-old legacy system that pays doctors and other health care and social service providers around the state for the services and treatment DSHS clients receive.

Phase 1 of the ProviderOne system, which is targeted to be brought on line in mid-2007, will involve taking over all the current functions performed by the current MMIS system. In succeeding years, the plan calls for ProviderOne to expand into other payer areas.

Although the old MMIS only handles Medicaid payments, the new system ultimately will become the primary payer system for a broad range of social and health care services handled by the Department of Social and Health Services.

Expectations are for ProviderOne to be able to process an estimated \$70 million in provider payments every week, with more automated claims processing, expanded data warehouse functions, and better anti-fraud controls than ever before.

For background and additional information: Jim Stevenson, Communications Director, HRSA, DSHS, 360-902-7604, or visit CNSI on the Internet: <http://www.cns-inc.com>.

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